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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Michael First name Carl Middle name	First name Middle name	
i	iden	g your picture tification to your ting with the trustee.	Ellis Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number	xxx-xx-4562	

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Debtor 1 Michael Carl Ellis

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5. Where you live		1822 Adams Place	If Debtor 2 lives at a different address:				
		Hillsborough, NC 27278 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Orange					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
Why you are choosing this district to file for		Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Deb	otor 1 Michael Carl Ellis					Case nu	ımber (if known)				
Par	t 2: Tell the Court About	our Bank	ruptcy Ca	se							
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.									
	choosing to file under	☐ Chap	ter 7								
		☐ Chap									
		☐ Chap	ter 12								
		■ Chap	ter 13								
8.	How you will pay the fee	abo	out how yo	pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details thow you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money it I your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with							
				y the fee in installments. If you in Installments (Official Form		e this option, sign a	and attach the Applica	ation for Individuals to Pay			
		but app	t is not required	It my fee be waived (You ma uired to, waive your fee, and r ur family size and you are una on to Have the Chapter 7 Filin	may do so ible to pa	only if your incom the fee in installm	e is less than 150% onents). If you choose	of the official poverty line that this option, you must fill out			
9. Have you filed for No.											
	bankruptcy within the last 8 years?	■ Yes.									
			District	Middle District of North Carolina	When	10/21/15	Case number	15-81165			
			District	Middle District of North Carolina	When	3/28/13	Case number	13-80431			
			District		When		Case number				
10.	Are any bankruptcy cases pending or being	■ No									
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.									
			Debtor				Relationship to y				
			District		_ When		Case number, if				
			Debtor		\A/I ₂		Relationship to y				
			District		_ When		Case number, if	known			
11.	Do you rent your residence?	■ No.	Go to li	ine 12.							
		☐ Yes.	Has yo	ur landlord obtained an eviction	on judgm	ent against you?					
				No. Go to line 12.							
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	t About ar	n Eviction Judgmen	nt Against You (Form	101A) and file it as part of			

Deb	otor 1 Michael Carl Ellis			Case number (if known)					
Dor	t 3: Report About Any Bu		You Own as a Sole Proprie	***					
rai	to. Report About Any Bu	1511162262	Tou Own as a Sole Proprie	501					
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to Part 4.						
		Yes.	■ Yes. Name and location of business						
	A sole proprietorship is a business you operate as		d/b/a Michael C. Ellis	S					
	an individual, and is not a separate legal entity such as a corporation,		Name of business, if any	,					
	partnership, or LLC. If you have more than one		1822 Adams Place Hillsborough, NC 27	278					
	sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code					
	it to this petition.		Check the appropriate b	ox to describe your business:					
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))					
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))					
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))					
			None of the above	ve					
13.	Are you filing under	If you are	e filing under Chapter 11 the	court must know whether you are a small business debtor so that it can set appropriate					
10.	Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are	e a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure					
	For a definition of small	■ No.	I am not filing under Chapter 11.						
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Code.						
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or Aι	ny Property That Needs Immediate Attention					
14.	Do you own or have any	■ No.							
	property that poses or is alleged to pose a threat	☐ Yes.							
	of imminent and identifiable hazard to public health or safety?		What is the hazard?						
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?						
	For example, do you own perishable goods, or		Where is the property?						
	livestock that must be fed, or a building that needs urgent repairs?		Where is the property?						
	- ,			Number, Street, City, State & Zip Code					

Debtor 1 Michael Carl Ellis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Michael Carl Ellis	i		Case number	er (if known)					
Par	Answer These Ques	tions for R	eporting Purposes							
16.	What kind of debts do you have?	16a.	Fig. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8 individual primarily for a personal, family, or household purpose."							
			☐ No. Go to line 16b.							
			Yes. Go to line 17.							
		16b.		business debts? Business debts are debts vestment or through the operation of the bus						
			☐ No. Go to line 16c.							
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you	owe that are not consumer debts or busines	ss debts					
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.						
	Do you estimate that after any exempt	☐ Yes.		. Do you estimate that after any exempt propavailable to distribute to unsecured creditors	perty is excluded and administrative expenses?					
	property is excluded and administrative expenses		□ No							
	are paid that funds will be available for		□ Yes							
	distribution to unsecured creditors?	l								
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	□ 25,001-50,000					
	you estimate that you owe?	☐ 50-99)	5001-10,000	☐ 50,001-100,000					
	OWE:	□ 100-1		□ 10,001-25,000	☐ More than100,000					
		□ 200-9	199							
19.	How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	estimate your assets to be worth?		001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion					
			,001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion					
		□ \$500,	,001 - \$1 million	2 \$100,000,001 \$300 Hillion	I Word than \$50 billion					
20.	How much do you	□ \$0 - \$	•	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion					
			,001 - \$500,000 ,001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion					
		— \$500,								
Par	7: Sign Below									
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.								
				chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of ates Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7						
				d not pay or agree to pay someone who is not the notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this					
		I request	relief in accordance with the	e chapter of title 11, United States Code, spe	ecified in this petition.					
		bankrupt and 357	tcy case can result in fines up 1.	nt, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,					
			nael Carl Ellis Il Carl Ellis	Signature of Debto	or 2					
			e of Debtor 1	- J						
		Executed	d on January 9, 2020	Executed on						
			MM / DD / YYYY	MN	// DD / YYYY					

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Debtor 1 Michael Carl Ellis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Koury L. Hicks	Date	January 9, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
Koury L. Hicks 36204		
Printed name		
The Law Offices of John T. Orcutt, PC		
Firm name		
6616-203 Six Forks Road		
Raleigh, NC 27615		
Number, Street, City, State & ZIP Code		
Contact phone (919) 847-9750	Email address	postlegal@johnorcutt.com
36204 NC		
Bar number & State		

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Fill in	this inform	nation to identify your	c350:		•		
Debto		Michael Carl Ellis					
DODIC	,, ,	First Name	Middle Name	Last Name			
Debto (Spous	or 2 e if, filing)	First Name	Middle Name	Last Name			
Unite	d States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA			
Casa	number						
(if know						_	if this is an
						amend	ded filing
٠		4000					
		rm 106Sum	and Liabilities an	nd Certain Statistical Informa	otion	,	10/45
				are filing together, both are equally respo			12/15 g correct
inforn	nation. Fill o	out all of your schedule	es first; then complete th	ne information on this form. If you are filing the box at the top of this page.			
Part 1		arize Your Assets	non cammary and onco.	t the box at the top of the page.			
rait	. Summe	arize rour Assets					
						Your as	ssets f what you own
1.	Schedule A	/B: Property (Official Fo	orm 106A/B)			_	400.050.00
	1a. Copy line	e 55, Total real estate, f	rom Schedule A/B			\$	130,950.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B			\$	7,325.00
	1c. Copy line	e 63, Total of all property	y on Schedule A/B			\$	138,275.00
Part 2	2: Summa	arize Your Liabilities					
						Your lia	abilities
						Amount	t you owe
			laims Secured by Property	(Official Form 106D) the bottom of the last page of Part 1 of <i>Sche</i> o	lule D	\$	99,356.93
	.,	•			uic D	· 	<u>-</u>
	3a. Copy the	e total claims from Part	Unsecured Claims (Official 1 (priority unsecured claim	r Form 106E/F) is) from line 6e of <i>Schedule E/F</i>		\$	29,159.01
;	3b. Copy the	e total claims from Part	2 (nonpriority unsecured cl	laims) from line 6j of Schedule E/F		\$	14,901.12
				Your total li	abilities	\$	143,417.06
David (ļ	1	
Part 3		arize Your Income and					
		Your Income (Official Foombined monthly incom		· I		\$	5,676.63
5.	Schedule J:	Your Expenses (Official	Form 106J)			_	F 070 00
(Copy your m	onthly expenses from li	ne 22c of Schedule J			\$	5,676.63
Part 4	: Answe	r These Questions for	Administrative and Stati	stical Records			
6. <i>i</i>	-		er Chapters 7, 11, or 13? on this part of the form. Cl	heck this box and submit this form to the cour	t with you	ır other sch	nedules.
7.	■ Yes What kind o	f debt do you have?					
				debts are those "incurred by an individual pring for statistical purposes. 28 U.S.C. § 159.	narily for a	a personal,	family, or
1		ebts are not primarily		ve nothing to report on this part of the form. C	heck this	box and su	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Michael Carl Ellis Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,503.23

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	24,659.01
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	24,659.01

	C	ase 20-8001	.2 1	ד טטע	Filed 01	109120 Pa	age 10 0	01		
Fill in this inforn	nation to identify	your case and th	is filin	g:						
Debtor 1	Michael Carl	l Ellis								
Debtor 2	First Name	Middle	Name		Last Nam	e				
(Spouse, if filing)	First Name	Middle	Name		Last Nam	9				
United States Bar	nkruptcy Court for	the: MIDDLE DI	STRIC	T OF NO	RTH CAROLII	NA .				
Case number _										Check if this is an amended filing
00000	4004/5							•		Ü
Official Fo		_								
<u>Schedul</u>	<u>e A/B: Pr</u>	roperty							1	12/15
	Each Residence, B	uilding, Land, or Otl uitable interest in a								
☐ No. Go to Part	t 2									
Yes. Where is										
1.1 1822 Adam Street address, i	ms Place if available, or other des	cription	Wha	Single-fa	operty? Check al amily home or multi-unit buik ninium or cooper	ling	the amoun	t of any secure	d claim	r exemptions. Put ns on Schedule D: cured by Property.
						ctured or mobile home	Current va	alue of the	Cur	rent value of the
City	igh NC State	27278-0000 ZIP Code		Investme	ent property		entire pro	perty? 30,950.00	port	\$130,950.00
			□ □ Who	Other		pperty? Check one	(such as f	ee simple, ten te), if known.	your ownership interest enancy by the entireties, or	
Orange				Debtor 1 Debtor 2	-		Sole Int	erest		
County			□ □ Othe	Debtor 1 At least or informat	1 and Debtor 2 o	rs and another add about this ite	(see in	k if this is com structions) ocal	nmunit	y property
			Ηοι	use and	Land					
		ortion you own fo Part 1. Write that								\$130,950.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1	Michael Carl Ellis		Case number (if known)	
. Cars. van	s, trucks, tractors, sport utility ve	hicles, motorcycles		
	,,,,,,	,,		
□ No				
Yes				
3.1 Make:	Chevrolet	Who has an interest in the property? Check one		claims or exemptions. Put red claims on <i>Schedule D:</i>
Model:	Camaro	■ Debtor 1 only		aims Secured by Property.
Year:	1967	Debtor 2 only		
	No	_	Current value of the	Current value of the
	ximate mileage: speedometer	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	information:	At least one of the debtors and another		
ı	124377N115548		\$1,000.00	\$1,000.00
	nwide Insurance y #: 6132J765552	LI Check if this is community property (see instructions)	Ψ1,000.00	Ψ1,000.00
	running	,		
	9			
0.0 14.1	Dodge	MI - I I do I do	Do not deduct secured	claims or exemptions. Put
3.2 Make:	D	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
Model:		Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
Year:	1998	Debtor 2 only	Current value of the	Current value of the
	ximate mileage: 300,000 information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	1B7KC2365WJ210591	☐ At least one of the debtors and another		
1	nwide Insurance	☐ Check if this is community property	\$400.00	\$400.00
	y #: 6132J765552	(see instructions)		
	running			
■ No □ Yes		ur for all of commandation from Dort 2 in cludion		
		n for all of your entries from Part 2, including that number here		\$1,400.00
Part 3: Desc	ribe Your Personal and Household Ite	ems		
		terest in any of the following items?		Current value of the portion you own? Do not deduct secured
	d goods and furnishings s: Major appliances, furniture, linens	, china, kitchenware		claims or exemptions.
Yes. D	Describe			
	Household Goo	ds & Furnishings		\$1,125.00
□ No	s: Televisions and radios; audio, vide including cell phones, cameras, m	eo, stereo, and digital equipment; computers, prin nedia players, games	ters, scanners; music collec	tions; electronic devices
■ Yes. D	Describe			
	Electronics			\$200.00

Official Form 106A/B Schedule A/B: Property page 2

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Del	btor 1 _	Michael Carl E	Ilis Case number	ber (if known)	
			urines; paintings, prints, or other artwork; books, pictures, or other art objects; s, memorabilia, collectibles	; stamp, coin, or baseball card colle	ections;
	■ No □ Yes. De	escribe			
		t for sports and Sports, photogramusical instrum	aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk	skis; canoes and kayaks; carpentry	/ tools;
	■ No □ Yes. De		ents		
	Firearms				
	■ No		hotguns, ammunition, and related equipment		
	Clothes	escribe			
I			es, furs, leather coats, designer wear, shoes, accessories		
		_	Clothing		\$50.00
			<u>g</u>		
ı	Jewelry Example: ■ No □ Yes. De	,	lry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch	ches, gems, gold, silver	
	Non-farm <i>Example</i> : ☐ No	animals s: Dogs, cats, bire	ds, horses		
I	Yes. De	escribe			
		F	Pets		\$200.00
ı	No	r personal and h	nousehold items you did not already list, including any health aids you did	id not list	
15.			all of your entries from Part 3, including any entries for pages you have at mber here	attached \$1,57	75.00
		ribe Your Financia			
Do	you own	or have any leg	al or equitable interest in any of the following?	Current value of portion you ow Do not deduct s claims or exemp	vn? secured
I	□ No		re in your wallet, in your home, in a safe deposit box, and on hand when you file	ile your petition	
			Cash		\$500.00
17.			ngs, or other financial accounts; certificates of deposit; shares in credit unions, ou have multiple accounts with the same institution, list each.	s, brokerage houses, and other sim	nilar

Official Form 106A/B Schedule A/B: Property page 3

☐ No

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D	ebtor 1	Michael Car	l Ellis			Case number (if known)	
	■ Yes				Institution name:		
			17.1.	Checking Account	Bank of America		\$150.00
18	Examp			cly traded stocks ent accounts with broker	age firms, money market a	ccounts	
	■ No			Institution or issuer nam	ne:		
19		ublicly traded si enture	tock and	interests in incorporat	ed and unincorporated b	usinesses, including an interest ir	ı an LLC, partnership, and
	_	Give specific in	formation	about them			
			Na	me of entity:		% of ownership:	
20	Negoti	iable instruments	s include	personal checks, cashier	ole and non-negotiable instances; checks, promissory note er to someone by signing or	s, and money orders.	
		Give specific inf		about them uer name:			
21		nent or pension ples: Interests in			b), thrift savings accounts, o	or other pension or profit-sharing pla	ns
	■ No						
	☐ Yes.	List each accou		tely. of account:	Institution name:		
22	Your s Examp		ed deposi	ts you have made so tha	t you may continue service lic utilities (electric, gas, wa	or use from a company iter), telecommunications companies	s, or others
	■ No □ Yes.				Institution name or indiv	ridual:	
23	. Annuiti ■ No	ies (A contract f	or a perio	dic payment of money to	you, either for life or for a	number of years)	
	☐ Yes	ls	suer nan	ne and description.			
24	26 U.S.0	ts in an educati C. §§ 530(b)(1),			fied ABLE program, or ur	nder a qualified state tuition progr	am.
	■ No □ Yes	lr	nstitution	name and description. So	eparately file the records of	any interests.11 U.S.C. § 521(c):	
25	■ No				r than anything listed in li	ne 1), and rights or powers exerci	sable for your benefit
	☐ Yes.	Give specific in	formation	about them			
26					ther intellectual property rom royalties and licensing	agreements	
		Give specific in	formation	about them			
27				er general intangibles slusive licenses, coopera	tive association holdings, li	quor licenses, professional licenses	
		Give specific in	formation	about them			
M	oney or _l	property owed	to you?				Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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Debtor 1	Michael Carl Ellis	Case number (if known)	
28. Tax 1	refunds owed to you		
■ No			
☐ Ye	s. Give specific information about them, including whether you alre	ady filed the returns and the tax years	
	ily support mples: Past due or lump sum alimony, spousal support, child suppo	ort, maintenance, divorce settlement, property	settlement
■ No			
☐ Ye	s. Give specific information		
<i>Еха</i>	r amounts someone owes you mples: Unpaid wages, disability insurance payments, disability ben benefits; unpaid loans you made to someone else	efits, sick pay, vacation pay, workers' comper	nsation, Social Security
■ No	s. Give specific information		
	ests in insurance policies mples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurar	nce
	s. Name the insurance company of each policy and list its value.		
	Company name:	Beneficiary:	Surrender or refund value:
If you som	interest in property that is due you from someone who has die u are the beneficiary of a living trust, expect proceeds from a life in eone has died. s. Give specific information		eive property because
	ns against third parties, whether or not you have filed a lawsui mples: Accidents, employment disputes, insurance claims, or rights		
■ No			
☐ Ye	s. Describe each claim		
34. Othe ■ No	r contingent and unliquidated claims of every nature, including	g counterclaims of the debtor and rights to	set off claims
☐ Ye	s. Describe each claim		
_	financial assets you did not already list		
■ No	s. Give specific information		
	d the dollar value of all of your entries from Part 4, including an	, , ,	\$650.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest I	n. List any real estate in Part 1.	
	u own or have any legal or equitable interest in any business-related p Go to Part 6.	roperty?	
Yes	Go to line 38.		
			Current value of the
			portion you own? Do not deduct secured claims or exemptions.
38. Acc o	ounts receivable or commissions you already earned		

☐ Yes. Describe.....

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De	btor 1	Michael Carl Ellis	Case number (if known)	
	Office of Examp	equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, copiers, fax made	chines, rugs, telephones, desks, chairs, electronic devices	
		Describe		
	□ No	nery, fixtures, equipment, supplies you use in business, and tools of your Describe	r trade	
		Tools of Trade: 1. Hand Tools - \$500.00 2. Electrical & Air Tools - \$1,000.00 3. Car Lift - \$1,000 4. Tool Boxes - \$500.00 5. Scanners: \$700.00	\$3,700.00)
	Invento ■ No □ Yes.	Describe		
	Interes No	ets in partnerships or joint ventures		
		Give specific information about them Name of entity:	% of ownership:	
I	No.	mer lists, mailing lists, or other compilations ur lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A)	1)2	
_	ı	■ No □ Yes. Describe))•	
	Any bu □ No	usiness-related property you did not already list		
		Give specific information		
		Business: d/b/a Michael C. Ellis	\$0.00	D
45.		the dollar value of all of your entries from Part 5, including any entries for art 5. Write that number here		
Pai		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an In ou own or have an interest in farmland, list it in Part 1.	nterest In.	
46.	No.	own or have any legal or equitable interest in any farm- or commercial fi	ishing-related property?	
	⊔ Yes.	. Go to line 47.		

Describe All Property You Own or Have an Interest in That You Did Not List Above

Official Form 106A/B Schedule A/B: Property page 6

Deb	otor 1 Michael Carl	Ellis		Case number (if known)	
		perty of any kind you did not already list ets, country club membership	?		
		Possible Consumer Rights Clai Subject to Approval of Settleme		ruptcy Court	Unknown
		.IMPORTANT NOTICES:			
		(1) Valuation Method (Sch. A &	B): FMV unless oth	nerwise noted.	
		(2) Creditor claims disclosed or	n Sch. D. E & F are	estimates only.	
		drawn largely from unverified in	nformation provide	ed by the creditor,	
		and shall not be considered an amount owed, interest, late fee			
		or representatives an admission			
		actual owners of such claims.			\$0.00
		A (b (c - / O + O -	.t. D)		\$0.00
		Any other property (See * on So	:n в)		\$0.00
		* Any other property, not otherwany and all amounts on deposit or investment accounts, but no available under the "wildcard" (i, if any, as of the d t exceeding in valu	late of filing, in bank ue the residual value	\$0.00
54	Add the dollar value	of all of your entries from Part 7. Write th	at number here		\$0.00
04.	Add the donar value	or an or your charles from r are r. write an	at namber nere		Ψ0.00
Part	List the Totals of	Each Part of this Form			
55.	Part 1: Total real esta	te, line 2			\$130,950.00
56.	Part 2: Total vehicles	, line 5	\$1,400.00		<u> </u>
57.	Part 3: Total persona	l and household items, line 15	\$1,575.00		
	Part 4: Total financial	,	\$650.00		
59.		s-related property, line 45	\$3,700.00		
60.		d fishing-related property, line 52	\$0.00		
61.	Part 7: Total other pro	operty not listed, line 54 +	\$0.00		
62.	Total personal prope	rty. Add lines 56 through 61	\$7,325.00	Copy personal property total	\$7,325.00
63.	Total of all property of	on Schedule A/B. Add line 55 + line 62			\$138,275.00

Official Form 106A/B Schedule A/B: Property page 7

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

	MIDDLE DIS	TRICT OF NORTH CAROLINA		
In the Matter of: Michael Carl Ellis)) Case No.		
) DEBTOR'S CLAIM	FOR PROPERTY EX	(EMPTIONS
) DEBION 3 CEAIN	TOR PROPERTY EX	CLIVIF 110143
	Debtor.)		
		laim the following property as exell non-bankruptcy federal law.	mpt pursuant to 11 U.	S.C. § 522(b)(3)(A),
	e debtor claims as exempt any pendent of the debtor uses as a	y amount of interest that exceeds \$ a residence.	125,000 in value in p	roperty that the
BURIAL PLOT. (ONAL PROPERTY USED INCGS 1C-1601(a)(1)). exemption amount below:	BY DEBTOR OR DEBTOR'S D	EPENDENT AS RE	SIDENCE OR
	value not to exceed \$35,000.			
☐ Total net	value not to exceed \$60,000. (debtor as tenant by the entire	(Debtor is unmarried, 65 years of a ties or joint tenant with rights of st		
Description of	Market	Mtg. Holder or Lien	Amt. Mtg.	Net
Property & Address	Value	Holder(s)	or Lien	Value
1822 Adams Place		BSI Financial Services North Carolina Dept. of		
Hillsborough, NC 27278		Revenue**	97,308.00	
Orange County House and Land	130,950.00	Orange County Tax Collections**	2,048.93 0.00	31,593.07
		Conections		·
	(a) Total Net Value		\$	31,593.07 35,000.00
	Total Net Exemption (b) Unused portion of exempt	ion, not to exceed \$5,000.	\$ *	0.00
		carried forward and used to claim	Ψ	
	an exemption in any property 1C-1601(a)(2)).	owned by the debtor. (NCGS		
		ving property is claimed as exempt g to property held as tenants by the		. § 522(b)(3)(B) and
Description of	Market	Mtg. Holder or Lien	Amt. Mtg.	Net
Property & Address -NONE-	Value	Holder(s)	or Lien	Value
		Only one vehicle allowed under thi	s paragraph with net	value claimed as
Year, Make,	Market			Net
Model of Auto 1967 Chevrolet Camaro N speedometer miles VIN: 124377N115548 Nationwide Insurance	Value o	Lien Holder(s)	Amt. Lien	Value
Policy #: 6132J765552	1,000.00			1,000.00
*Not running				7,000.00
(a) Statutory allowance (b) Amount from 1 (b) abo	ve to be used in this paragrap	\$	3,500	
	nay be used as needed.)	\$	0.00	

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91C (0	,					
	Make, l of Auto	Market Value	Lien Holder(s)		Amt. Lien	Net Value
		Total N	et Exemption \$	1,000.00		
4.	TOOLS OF TRADE, IMPI debtor's dependent. Total ne				601(a)(5). Used by	debtor or
1. Har	iption of Trade: nd Tools - \$500.00 ctrical & Air Tools -	Market Value	Lien Holder(s)		Amt. Lien	Net Value
\$1,000 3. Car 4. Too		3,700.00				3,700.00
	atutory allowance		\$	2,000		
	mount from 1 (b) above to be used part or all of 1 (b) may be used		h. \$	0.00		
		Total N	let Exemption \$	2,000.00		
Descr Clothi	ing	Market Value 50.00				Net Value 50.00
Electr	onics ehold Goods &	200.00				200.00
Furnis	shings	1,125.00				1,125.00
Pets		200.00				200.00
				Total N	Net Value	1,575.00
	atutory allowance for debtor atutory allowance for debtor's	dependents: 1 de	\$	5,000		
\$1,000 (c) A	O each (not to exceed \$4,000 to mount from 1(b) above to be use A part or all of 1 (b) may be use	tal for dependents) sed in this paragraph		1,000.00		
(1	A part of all of 1 (b) may be use	as needed.)			.•	4 575 00
					xemption	1,575.00
6.	LIFE INSURANCE. (As pr	ovided in Article X	, Section 5 of North Ca	arolina Constitution	.)	
	Name of Insurance Company -NONE-	\Policy No.\Name o	of Insured\Policy Date\	Name of Benefician	У	
7.	PROFESSIONALLY PRE 1C-1601(a)(7). No limit on			FOR OR DEBTOR	R'S DEPENDENTS	S). (NCGS
	Description: -NONE-					
8.	DEBTOR'S RIGHT TO RI amount.)	ECEIVE FOLLOV	VING COMPENSAT	TION: (NCGS 1C-1	601(a)(8). No limi	t on number or
	A. \$ Pos	ssible Consumer R Subject to Ap	ights Claim(s) proval of Settlement/	Award by Bankrup	tcy Court	

91C (09/13)

Description: -NONE-

9.	INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN
	TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL
	REVENUE CODE. (NCGS 1C-1601(a)(9). No limit on number or amount.) AND OTHER RETIREMENT FUNDS
	DEFINED IN 11 U.S.C. § 522(b)(3)(c).

Detailed Description -NONE-	Value
COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTI (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 a plan within the preceding 12 months not in the ordinary course of to the extent that the funds are for a child of the debtor and will a expenses.)	nd may not include any funds placed in a college saving the debtor's financial affairs. This exemption applies only
Detailed Description -NONE-	Value
RETIREMENT BENEFITS UNDER A RETIREMENT PLA UNITS OF OTHER STATES, TO THE EXTENT THOSE BI THAT STATE OR GOVERNMENTAL UNIT. (NCGS 1C-16	ENEFITS ARE EXEMPT UNDER THE LAWS OF
Description:	

13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

Description 1998 Dodge Ram 300,000 miles VIN: 1B7KC2365WJ210591 Nationwide Insurance	Market Value	Lien Holder(s)	Amt. Lien	Net Value
Policy #: 6132J765552 *Not running	400.00			400.00
Any other property (See * on Sch B)	0.00			0.00
Business: d/b/a Michael C. Ellis	0.00			0.00
Tools of Trade: 1. Hand Tools - \$500.00 2. Electrical & Air Tools - \$1,000.00 3. Car Lift - \$1,000 4. Tool Boxes - \$500.00 5. Scanners: \$700.00	3,700.00			3,700.00
(a) Total Net Value of property claim	med in paragraph 13.		\$	4,100.00
(b) Total amount available from par (c) Less amounts from paragraph 1(O 1 . ,	\$ 0.00 \$ 0.00 \$ 0.00	\$	0.00
		ance Available from paragraph 1(b) Total Net Exemption	\$ *	0.00 4,100.00

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91C (09/13)

14	OTHER	EXEMP	PTIONS	CT.A	IMED	UNDER	THE L	AWS	OF THE	STATE (OF NO)RTH	CARO	MI.IO	۸.
17.	OHILLI					UNDER		A * * D		DIALL	OT 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$-\alpha$		ъ.

Wages of debtor necessary for support of family, NCGS 1-362		500.00
Wages of debtor necessary for support of family, NCGS 1-362		150.00
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$	650.00
15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:		
-NONE-		
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$	0.00
16. RECENT PURCHASES		
The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangit purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of property is directly traceable to the liquidation or conversion of the liquidation of the liquidation of the liquidation or conversion of the liquidation of	the filing of a p	etition for

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

and no additional property was transferred into or used to acquire the replacement property.

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE January 9, 2020		/s/ Michael Carl Ellis		
		Michael Carl Ellis		
		Debtor		

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	Se 20-00012 DOC 1 THE	J 01/09/	20 Fage 21	. 01 01	
Fill in this information to identify ye	our case:				
Debtor 1 Michael Carl E	illis				
First Name	Middle Name La	st Name		-	
Debtor 2 (Spouse if, filling) First Name	Middle Name La:	st Name		-	
United States Bankruptcy Court for th	e: MIDDLE DISTRICT OF NORTH CA	AROLINA			
Case number					if this is an
Official Form 106D Schedule D: Creditor	s Who Have Claims Se	cured	by Propert	у	12/15
	e. If two married people are filing together, b it out, number the entries, and attach it to th				
Do any creditors have claims secured	by your property?				
·	this form to the court with your other sch	edules. You	ı have nothing else t	o report on this form.	
Yes. Fill in all of the informatio	•		3		
	n below.				
Part 1: List All Secured Claims			Column A	Column B	Column C
for each claim. If more than one creditor h	s more than one secured claim, list the creditor as a particular claim, list the other creditors in F etical order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 BSI Financial Services	Describe the property that secures the c	laim:	\$97,308.00	\$130,950.00	\$0.00
Creditor's Name	1822 Adams Place Hillsborough 27278 Orange County House and Land	h, NC			
ATTN: Officer Post Office Box 517 Titusville, PA 16354	As of the date you file, the claim is: Checapply. Contingent	k all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
, , , , , , , , , , , , , , , , , , , ,	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as morte car loan)	gage or secu	red		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechan☐ Judgment lien from a lawsuit	ic's lien)			
☐ Check if this claim relates to a community debt	· ·	ncipal Re	sidence		
Date debt was incurred 10/2000	Last 4 digits of account number	3365			

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Debtor 1 Michael Carl Ellis		Case number (if	known)		
First Name Middle N	lame Last Name				
North Carolina Dept. of		¢2.04	P 02	¢420.050.00	\$0.00
Revenue**	Describe the property that secures the claim:	\$2,04	o.93 	\$130,950.00	\$0.00
Creditor's Name	1822 Adams Place Hillsborough, No				
	27278 Orange County				
	House and Land				
Post Office Box 1168	As of the date you file, the claim is: Check all th apply.	at			
Raleigh, NC 27602-1168	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
	☐ An agreement you made (such as mortgage	or secured			
Debtor 1 only	car loan)	or secured			
Debtor 2 only					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lie	n)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset) State T	ax Lien			
community debt					
Date debt was incurred	Last 4 digits of account number				
Orange County Tax					
Collections**	Describe the property that secures the claim:	\$(0.00	\$130,950.00	\$0.00
Creditor's Name	1822 Adams Place Hillsborough, No	•			
	27278 Orange County	•			
	House and Land				
DO D 0404	As of the date you file, the claim is: Check all th	l at			
PO Box 8181	apply.				
Hillsborough, NC 27278	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortgage	or secured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a		al Residence			
community debt	Other (including a right to onset)				
Notice					
Purposes					
Only - Paid					
Date debt was incurred in Escrow	Last 4 digits of account number				
-	Column A on this page. Write that number here:		\$99,356.93		
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.		\$99,356.93		
Write that number here.					
Part 2: List Others to Be Notified for	or a Debt That You Already Listed				
Use this page only if you have others to b	pe notified about your bankruptcy for a debt tha	t vou already listed in	Part 1. For ex	ample, if a collection	n agency is
	owe to someone else, list the creditor in Part 1,				
	t you listed in Part 1, list the additional creditors	s here. If you do not h	ave additional	persons to be noti	fied for any
debts in Part 1, do not fill out or submit th	iis page.				
Name Number Street City State 9	Zin Codo			64	
Name, Number, Street, City, State & John W. Fletcher, III, Subst		n which line in Part 1 di	d you enter the	creditor? 2.1	
c/o Henderson, Nystrom, F		st 4 digits of account n	umher		
& Tydings PLLC	Lo	ist - digits of account to			
831 East Morehead Street,	Ste 255				
Charlotte, NC 28202	- · · · · - · ·				
•					

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Debto	or 1 Michael Carl	Ellis		Case number (if known)				
	First Name	Middle Name	Last Name					
	Name, Number, Street Nationstar Morto Attn: Officer/Bar Post Office Box Dallas, TX 75261	nkruptcy 619094		On which line in Part 1 did you enter the creditor? Last 4 digits of account number				
	Name, Number, Street NC Department for NC Departme Post Office Box Raleigh, NC 2760	ent of Revenue 629		On which line in Part 1 did you enter the creditor? Last 4 digits of account number				

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Fill	I in this informa	ntion to identify your o	case:						
ре	btor 1	Michael Carl Ellis First Name	Middl	e Name	Last Nan	ne			
De	btor 2								
(Spo	ouse if, filing)	First Name	Middl	e Name	Last Nan	ne			
Un	ited States Bank	ruptcy Court for the:	MIDDLE	DISTRICT OF NO	RTH CAROL	INA			
	se number								
(If K	nown)							_	if this is an ed filing
								amenu	eu illing
<u>Of</u>	ficial Form	106E/F							
Sc	hedule E/l	F: Creditors W	ho Hav	e Unsecure	ed Claim	S			12/15
any Sch Sch left. nam	executory contra edule G: Executo edule D: Creditor: Attach the Contir ne and case numb	, ,	that could r ired Leases ured by Pro e. If you hav	esult in a claim. Als (Official Form 106G perty. If more space ve no information to	so list execute 6). Do not incl e is needed, c	ory contracts or ude any credito opy the Part you	n Schedule A/B: P rs with partially s ı need, fill it out, r	roperty (Official For ecured claims that a number the entries in	m 106A/B) and on re listed in the boxes on the
_		of Your PRIORITY Un have priority unsecured							
١.	No. Go to Par		u Ciaiilis age	amst your					
	Yes.								
2.		riority unsecured claims	s. If a credito	r has more than one	priority unsecu	red claim. list the	e creditor separate	ly for each claim. For	each claim listed.
	identify what type possible, list the c	of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	s both prioriter according	ty and nonpriority ame to the creditor's name	ounts, list that e. If you have r	claim here and s	how both priority a	nd nonpriority amount	s. As much as
	(For an explanation	on of each type of claim, s	ee the instru	ctions for this form in	the instruction	n booklet.)			
	_					To	otal claim	Priority amount	Nonpriority amount
2.1	Internal F	Revenue Service (M	ID)	Last 4 digits of acc	count number		\$19,555.00	\$9,822.00	\$9,733.00
	Priority Cred	itor's Name ce Box 7346		When was the deb	t incurred?	2004 - 2018	2		
		ohia, PA 19101-7346	6	Wileli was the deb	i ilicuireu :	2004 - 2016	<u> </u>		
	Number Stre	et City State Zip Code		As of the date you	file, the clain	is: Check all tha	at apply		
	Who incurred t	he debt? Check one.		☐ Contingent					
	■ Debtor 1 onl	у		☐ Unliquidated					
	Debtor 2 only	у		☐ Disputed					
	Debtor 1 and	d Debtor 2 only		Type of PRIORITY		aim:			
	☐ At least one	of the debtors and anothe	r	☐ Domestic suppo	rt obligations				
	☐ Check if this	s claim is for a commun	ity debt	Taxes and certa	in other debts	you owe the gov	ernment		
	Is the claim sul	bject to offset?		☐ Claims for death	or personal ir	ijury while you we	ere intoxicated		
	■ No			Other. Specify					
	☐ Yes				Federal In	come Taxes			
2.2	Law Offic	es of John T. Orcu	tt	Last 4 digits of acc	count number		\$4,500.00	\$4,500.00	\$0.00
	Priority Cred 6616-203	itor's Name Six Forks Road		When was the deb		2020	* 1,00000		
	Raleigh, I	NC 27615 et City State Zip Code		As of the date you	file. the clain	is: Check all tha	at apply		
		he debt? Check one.		☐ Contingent	,	- I - O I O O I C II I I I	a. app.y		
	■ Debtor 1 onl	v		☐ Unliquidated					
	Debtor 2 only	,		☐ Disputed					
	Debtor 1 and			Type of PRIORITY	unsecured cl	aim:			
		of the debtors and anothe	r	☐ Domestic suppo					
	_			☐ Taxes and certa	ū	VOLLOWE the gove	ernment		
	Is the claim sul	s claim is for a commun	ncy debt	☐ Claims for death					
	No	.,			•	ative Expens			
	☐ Yes			Caron opening	Attorney's				

Official Form 106 E/F

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De	btor 1 Michael Carl Ellis	Case num	ber (if known)		
2.3		Last 4 digits of account number	\$5,104.01	\$5,104.01	\$0.00
	Priority Creditor's Name Post Office Box 1168 Raleigh, NC 27602-1168	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the gov	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you w			
	■ No	☐ Other. Specify			
	Yes	State Income Taxes			
2.4		Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name PO Box 8181 Hillsborough, NC 27278	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the gov	rernment		
	Is the claim subject to offset?	☐ Claims for death or personal injury while you w			
	■ No	☐ Other. Specify			
	☐ Yes	Notice Purposes Only	1		
	rt 2: List All of Your NONPRIORITY Unsecu				
ა.	Do any creditors have nonpriority unsecured clain	-			
	No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
	■ Yes.				
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each contain one creditor holds a particular claim, list the other	laim. For each claim listed, identify what type of claim	it is. Do not list claims	already included in Part	1. If more

Part 2.

Total claim

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Deptor	Michael Carl Ellis	Case number (# known)	
4.1	.IMPORTANT NOTICE:	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name See notice re: creditor claims set forth on Schedule A	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Bull City Financial Solutions**	Last 4 digits of account number	\$470.00
	Nonpriority Creditor's Name 1107 W Main Street Ste 201 Suite 201	When was the debt incurred?	
	Durham, NC 27701 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
		Medical Collection Accounts	
	Yes	Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED NOT ADMITTED	
4.3	Fast Auto Loans, Inc.	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 3154 Halifax Rd South Boston, VA 24592	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
		Any & All Possible Obligations Illegal Title Loan	
	Yes	Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	

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Debto	r 1 Michael Carl Ellis	Case number (if known)	
4.4	Kross, Lieberman and Stone, Inc **	Last 4 digits of account number	\$1,354.00
	Nonpriority Creditor's Name P.O. Box 565	When was the debt incurred?	
	Morrisville, NC 27560-0565 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Medical Collection Accounts Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.5	Optimum Outcomes Inc **	Last 4 digits of account number	\$7,678.12
	Nonpriority Creditor's Name P.O. Box 58015 Raleigh, NC 27658	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	_	Medical Collection Accounts Disputed re: amt, int, fees, ownership, etc.	
	Yes	Other. Specify NOT ADMITTED	
4.6	Professional Recovery Consultants	Last 4 digits of account number 2915	\$1,649.00
	Nonpriority Creditor's Name 2700 Meridian Parkway Suite 200	When was the debt incurred?	
	Durham, NC 27713-2204 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Medical Collection Account Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	

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Debtor	1 Michael Carl Ellis			Case number (if known)	
4.7	Sears Nonpriority Creditor's Name	Last 4 digits of ac	count number	9481	Unknown
	Post Office Box 6282 Sioux Falls, SD 57117-6282	When was the deb	ot incurred?	08/1996 to 03/2009	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you	file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	DITY	Labele .	
	At least one of the debtors and another	Type of NONPRIO	RIIY unsecured	i claim:	
	☐ Check if this claim is for a community debt	_	ing out of a sena	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority cla		ration agreement of divorce that you did not	
	■ No	☐ Debts to pension	n or profit-sharing	g plans, and other similar debts	
			All Possible	count Purchases Obligations amt, int, fees, ownership, etc.	
	Yes	Other. Specify	NOT ADMI		-
4.8	Zoll	Last 4 digits of ac	count number	5716	\$3,750.00
	Nonpriority Creditor's Name 121 Gamma Drive Pittsburgh, PA 15238	When was the deb	ot incurred?	2018-2020	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you	file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	DITY	Labele .	
	At least one of the debtors and another	Type of NONPRIO	RIIY unsecured	i claim:	
	☐ Check if this claim is for a community debt		ing out of a sena	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority cla		ration agreement of divorce that you did not	
	■ No	☐ Debts to pension	n or profit-sharing	g plans, and other similar debts	
	☐Yes	■ Other. Specify	Medical Bill Disputed re NOT ADMI	: amt, int, fees, ownership, etc.	-
Part 3:	List Others to Be Notified About a Do	ebt That You Already	Listed		
is tryi have i	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	someone else, list the ori nat you listed in Parts 1 o	ginal creditor in	Parts 1 or 2, then list the collection agenc	y here. Similarly, if you
	nd Address Medicine	On which entry in Part 1 Line 4.5 of (<i>Check one</i>):	· -	list the original creditor? Part 1: Creditors with Priority Unsecured Cla	ime
5213 \$	South Alston Avenue	Line <u>110</u> or (oneon one).		Part 2: Creditors with Nonpriority Unsecured	
Durha	nm, NC 27713	Last 4 digits of account n		Tan 2. Groundle married priority choosed on	- Cidinio
	nd Address Medicine	On which entry in Part 1 Line 4.6 of (Check one):	·	list the original creditor? Part 1: Creditors with Priority Unsecured Cla	ims
-	South Alston Avenue			Part 2: Creditors with Nonpriority Unsecured	Claims
Durna	ım, NC 27713	Last 4 digits of account n	umber		
	nd Address	On which entry in Part 1	•		
	Auto Loans, Inc. Id Piney Forest Rd #A	Line 4.3 of (Check one):		Part 1: Creditors with Priority Unsecured Cla	
	lle, VA 24540			Part 2: Creditors with Nonpriority Unsecured	Cialms
		Last 4 digits of account n	umber	Unknown	
Name a	nd Address	On which entry in Part 1	or Part 2 did you	list the original creditor?	

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Debtor 1 Michael Carl Ellis		Case number (if known)
NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629	Line 2.3 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
The Honorable Loretta Lynch	Line 2.1 of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims
U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001		☐ Part 2: Creditors with Nonpriority Unsecured Claims
5 ,	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 24,659.01
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 4,500.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 29,159.01
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 14,901.12
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 14,901.12

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Fill in this infor	mation to identify your	case:		
Debtor 1	Michael Carl Ellis	}		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

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Fill in this info	rmation to identify your c	ase:			
Debtor 1	Michael Carl Ellis	Ministra Name	Land Marria		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
Case number					☐ Check if this is an
(ii kilowii)					amended filing
Official Fo	orm 106H				
	e H: Your Code	btors			12/15
eople are filin ill it out, and n	g together, both are equa	lly responsible for sup oxes on the left. Attac	plying correct informat h the Additional Page to	ion. If more space is n	te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do you	have any codebtors? (If yo	ou are filing a joint case,	do not list either spouse	as a codebtor.	
■ N1.					
■ No □ Yes					
Arizona, Ca	alifornia, Idaho, Louisiana, I	Nevada, New Mexico, P	uerto Rico, Texas, Washi		states and territories include
in line 2 aç	gain as a codebtor only if D), Schedule E/F (Official I	that person is a guara	ntor or cosigner. Make	sure you have listed th	y with you. List the person show e creditor on Schedule D (Offici Schedule E/F, or Schedule G to f
	mn 1: Your codebtor Number, Street, City, State and ZIP	Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line)
Name				□ Schedule E/F, li	ne
				☐ Schedule G, line	e
Numb City	er Street	State	ZIP Code	_	
				Oskada D. P	
3.2 Name				_ ☐ Schedule D, line ☐ Schedule E/F, li	
				☐ Schedule G, line	
Numb	er Street			_	
City		State	ZIP Code		

Fill	in this information to identify your c	ase:							
Del	otor 1 Michael Car	l Ellis			_				
	otor 2 puse, if filing)				-				
Uni	ted States Bankruptcy Court for the	: MIDDLE DISTRICT C	F NORTH CAROLIN	IA .	_				
	se number nown)		-				ed filing ent showir	ng postpetition chapter following date:	
0	fficial Form 106l					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome						12/	15
sup spo atta	as complete and accurate as possiplying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not fili or spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse is ude inform	living wi ation abo	th you, included the sout your spoots	ude infor ouse. If m	mation about your ore space is needed,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-f	filing spouse	
	If you have more than one job,	F	☐ Employed			■ Emple	oyed		
	attach a separate page with information about additional	Employment status	■ Not employed			☐ Not employed			
	employers.	Occupation Self Employed Mechanic Employer's name			ic Customer Service Represen		ice Representative		
	Include part-time, seasonal, or self-employed work.					TrialCard Inc.			
	Occupation may include student or homemaker, if it applies.	Employer's address					erimeter	Drive, Ste 300 27560	
		How long employed t	here?				Since 08	/2019	
Pai	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to I	report for a	ny line, wi	rite \$0 in the	space. In	oclude your non-filing	
•	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	on for all en	nployers f	or that perso	on on the l	lines below. If you need	t
					For D	Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	2,134.50	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **0.00**

Deb	tor 1	Michael Carl Ellis	-	Case	number (if known)			
	Cop	y line 4 here	4.	For	Debtor 1		btor 2 or ng spouse 2,134.50	
E	l int							_
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.	\$	0.00	c	202.72	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ _	0.00	\$	293.72 0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	128.07	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e.	Insurance	5e.	\$_	0.00	\$	710.56	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	· \$_	0.00	+ \$	0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$ \$		* —— \$		-
				Ť —	0.00		1,132.35	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,002.15	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	4,674.48	\$	0.00	_
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$_	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify:	_ 8h.+	• \$_	0.00	+ \$	0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,674.48	\$	0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		4,674.48 + \$	1,002	.15 = \$	5,676.63
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,		,
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen		•		edule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	5,676.63
							Combi	
13.	Do	you expect an increase or decrease within the year after you file this form	?				month	y income
		No.						
		Yes. Explain: No changes anticipated.						

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:					
	tor 1 Michael Carl Ellis		Check	c if this is:		
	outor 2	 An amended filing A supplement showing postpetition chapter 13 expenses as of the following date: 				
Unit	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH C	AROLINA	<u> </u>	MM / DD / YYYY		
	e number nown)					
S	fficial Form 106J chedule J: Your Expenses as complete and accurate as possible. If two married people are	o filing together, be	oth are equa	lly rosponsible fo	12/15	
info	ormation. If more space is needed, attach another sheet to this to mber (if known). Answer every question.					
Par						
1.	Is this a joint case? ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? □ No					
2.	Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	tor Separate House	nold of Debto	or 2.		
۷.	Do you have dependents? ☐ No Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state the dependents names.	Son- Contribut Included	tion	25	□ No ■ Yes □ No □ Yes □ No □ Yes □ No	
3.	Do your expenses include expenses of people other than yourself and your dependents? I No Yes 12: Estimate Your Ongoing Monthly Expenses				☐ Yes	
exp	imate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.					
the	lude expenses paid for with non-cash government assistance invalue of such assistance and have included it on <i>Schedule I:</i> Y			Your exp	enses	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		0.00	
	If not included in line 4:					
	 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 		4a. \$ 4b. \$ 4c. \$		0.00 0.00 150.00	
_	4d. Homeowner's association or condominium dues		4d. \$		0.00	
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00	

ebtor 1 N	Nichael Carl Ellis Ca	ase num	ber (if known)	
Utilities	s:			
6a. E	lectricity, heat, natural gas	6a.	\$	250.00
6b. V	Vater, sewer, garbage collection	6b.	\$	65.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. C	Other. Specify: Cable Bundle	6d.	\$	195.00
	nd housekeeping supplies	_ _{7.}	\$	855.84
	are and children's education costs	8.	\$	0.00
	g, laundry, and dry cleaning	9.	\$	225.00
	al care products and services	10.	· —	125.00
	l and dental expenses	11.	·	
	•	11.	Φ	200.00
	ortation. Include gas, maintenance, bus or train fare. nclude car payments.	12.	\$	300.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
	ble contributions and religious donations	14.	·	25.00
	_	14.	Ψ	25.00
Insurar Do not	nclude insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	0.00
	lealth insurance	15b.		0.00
	'ehicle insurance	15c.	·	0.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	Φ.	10.00
	Personal Property Taxes	16.	· -	10.00
	Estimated Tax Withholdings	_	\$	143.46
	nent or lease payments:		_	
	ar payments for Vehicle 1	17a.	·	0.00
	ar payments for Vehicle 2	17b.		0.00
17c. C	Other. Specify:	17c.	\$	0.00
17d. C	Other. Specify:	 17d.	\$	0.00
Your pa	ayments of alimony, maintenance, and support that you did not report as	_		
	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
. Other p	ayments you make to support others who do not live with you.		\$	0.00
Specify		19.		
	eal property expenses not included in lines 4 or 5 of this form or on Schedu			
20a. N	fortgages on other property	20a.	·	0.00
20b. F	teal estate taxes	20b.	\$	0.00
20c. F	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. N	faintenance, repair, and upkeep expenses	20d.	\$	0.00
	lomeowner's association or condominium dues	20e.	\$	0.00
Other:		21.	·	1.500.00
	,		+\$,
	penses	_	·	100.00
Emerg	ency	_	+\$	200.00
Misc		_	+\$	200.00
Calcula	ite your monthly expenses			
	d lines 4 through 21.		\$	4,744.30
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	932.33
			·	
22c. Ad	d line 22a and 22b. The result is your monthly expenses.		\$	5,676.63
Calcula	te your monthly net income.			
	copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,676.63
	copy your monthly expenses from line 22c above.	23b.		
∠3D. C	bopy your monthly expenses nom line 220 above.	∠3D.	-φ	5,676.63
	subtract your monthly expenses from your monthly income.		•	0.00
Т	he result is your monthly net income.	23c.	\$	0.00
	expect an increase or decrease in your expenses within the year after you			see or decrease because of a
For exar modifica	nple, do you expect to finish paying for your car loan within the year or do you expect your motion to the terms of your mortgage?	ortgage	payment to increa	ise of decrease pecause of a
For exar		ortgage	payment to increa	se of decrease because of a

Debto	r 1 Mich	nael Carl Ellis		Case	e nun	nber (if known)	
Fill in	this inform	ation to identify your c	ase:				
Debtor	1	Michael Carl Elli	S	C	heck	c if this is:	
] /	An amended filing	
Debtor (Spous	e, if filing)					A supplement showing expenses as of the foll	postpetition chapter 13 owing date:
United	States Banl	kruptcy Court for the: N	IIDDLE DISTRICT OF NORTH C	AROLINA	-	MM / DD / YYYY	
Case n	umber						
(If know							
					• I	Non-Filing Spouse	
Offi	cial Fo	orm 106J-2					
			Expenses for Sepa	arate Househ	olo	d of Debtor 2	2 12/15
Use the Debto form of space Answ	nis form for or 2 have conly with e is needed er every c	or Debtor 2's separate one or more depende respect to expenses d, attach another she puestion.	e household expenses ONLY I ents in common, list the depend for Debtor 2 that are not report eet to this form. On the top of a	F Debtor 1 and Debtor : dents on both Schedule ded on Schedule J. Be	2 ma e <i>J a</i> as c	nintain separate hous nd this form. Answoon mplete and accurat	seholds. If Debtor 1 and er the questions on this e as possible. If more
Part 1	Desc	cribe Your Household	1				
		Do not complete this t	separate households? form.				
2.	o you ha	ve dependents?	No				
li d re li o	st all other lependents egardless	s of Debtor 2 of whether dependent on	Yes. Fill out this information for each dependent	Dependent's relationsh Debtor 2	ip to	Dependent's age	Does dependent live with you?
	o not state lependents			Son- Contribution		25	□ No ■ Yes
				Iliciadea			_
·							□ No □ Yes
							□No
							☐ Yes
							□ No
							☐ Yes
		penses include	■ No				
		of people other than nd your dependents?	Yes				
,		,					
Part 2		nate Your Ongoing N					
Estim	ate your e	expenses as of your l a date after the bank	pankruptcy filing date unless y	ou are using this form	as a	supplement in a Cha	apter 13 case to report
•			cash government assistance it	vou know the value			
			ed it on Schedule I: Your Incon			Your expenses	
		or home ownership on and any rent for the gro	expenses for your residence. In ound or lot.	nclude first mortgage	4.	\$	0.00
H	f not inclu	ded in line 4:					
4	a. Real	estate taxes			4a.	\$	0.00
		erty, homeowner's, or	renter's insurance		4b.	· -	0.00
4	c. Hom	e maintenance, repair,	and upkeep expenses		4c.	\$	0.00

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Debto	or 1	Michael Carl Ellis	Case num	ber (if known)	
	4d.	Homeowner's association or condominium dues	4d.	\$	0.00
5.	Addi	tional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilit	ins			
-	6a.	Electricity, heat, natural gas	6a.	\$	0.00
	6b.	Water, sewer, garbage collection	6b.	·	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	0.00
	6d.	Other. Specify: Cell Phone	6d.		306.00
7.	Food	and housekeeping supplies		\$	0.00
		dcare and children's education costs	8.	· ·	0.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	0.00
		onal care products and services	10.	·	0.00
		ical and dental expenses	11.	· -	55.00
		sportation. Include gas, maintenance, bus or train fare.			00.00
		ot include car payments.	12.	\$	220.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insu	rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	'	0.00
		Health insurance	15b.	*	0.00
		Vehicle insurance	15c.	·	98.00
		Other insurance. Specify:	15d.	\$	0.00
		s. Do not include taxes deducted from your pay or included in lines 4 or 20. eify: Personal Property Taxes	16.	\$	20.00
17. l	Insta	Illment or lease payments:			
	17a.	Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify: Student Loan Payment for Son	17c.	\$	86.00
		Credit Card Payment (Avg 60 mon)		\$	9.00
		Medical Bill Payment (Avg 60 mon)		\$	38.33
		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
		r payments you make to support others who do not live with you.		\$	0.00
	Spec		19.		
		r real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
		Mortgages on other property	20a.		0.00
:	20b.	Real estate taxes	20b.	\$	0.00
:	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
:	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
:	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:	21.	+\$	0.00
22.	Your	monthly expenses. Add lines 5 through 21.		\$	932.33
	The r	result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedu late the total expenses for Debtor 1 and Debtor 2.	lle J to		
23	Line	not used on this form.			
		ou expect an increase or decrease in your expenses within the year after yo	ou file this	s form?	
	For ex	ou expect an increase of decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage?			r decrease because of a
	■ N	0			

☐ Yes.

Explain here:

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re:		
Michael Carl Ellis	Case No	
	Chapter 13	
Social Security No.: xxx-xx-4562	-	
Address: 1822 Adams Place, Hillsborough, NC 27278		

Debtor.

BUSINESS INCOME & EXPENSES

(Addendum to Schedule J)

Debtor: Michael Carl Ellis **Doing Business As:** d/b/a Michael C. Ellis

Date: 1/9/2020

Gross Average N	\$6,681.80	
List Of Projected Business Expenses	Average Monthly Amount	
Rent	\$1,320.83	
Cell Phone	\$45.00	
Fuel for vehicles and equipment	\$181.97	
Parts	\$263.36	
Supplies	\$145.66	
Maintenance of vehicles	\$38.00	
Bank service charges	\$12.50	
Minus Total Average Mo	onthly Business Expenses:	\$2,007.32
Net Month	ly Income From Business:	\$4,674.48

edocs2.wpt (rev. 2/4/18)

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

In Re: Michael Carl Ellis	Case No.		
Social Security No.: xxx-xx-4562	Chapter 13		

Address: 1822 Adams Place, Hillsborough, NC 27278

Debtor.

Below Median Income Disposable Income Calculation							
CMI Income (Before Marital Adjustment) (Form 22C-1, line 11)	\$7,467.91	Schedule I Income Minus Schedule I Expenses	\$ 5,578.61				
Minus		(Sch. I, line 12)					
Child Support received (1st column) (Sch. I, line 8c)	0.00						
Child Support received (2 nd column) (Sch. I, line 8c)	0.00						
Schedule I expenses (1st column)(Sch. I, line 6)							
Schedule I expenses (2 nd column)(Sch. I, line 6)	1,132.35						
Schedule J expenses (Including proposed plan payment) (Sch. J, line 23b)	5,676.63	Schedule J expenses					
Difference between plan payment averaged over 36 months and actual plan payment	\$304.00	(Including proposed plan payment) (Sch. J, line 23b)	5,578.61				
Equals Means Test Derived Disposable Income:	\$ 354.93						
Lanning Adjustment: Debtor's wife lost part time employment during the CMI Period	\$(-408.93)	Equals Actual Disposable Income: (Sch. J, line 23c)	\$ 0.00				
Projected disposable monthly income.	\$-54.00						

(edocs2 rev. 2/4/18)

Fill in this inform	ation to identify your	case:					
Debtor 1	Michael Carl Ellis						
	First Name	Middle Name	Last	Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last	Name			
United States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CA	ROLINA			
Case number(if known)						☐ Check if this is amended filing	
Official Form Declarati		an Individua	l Debto	or's Schedu	les		12/15
obtaining money of years, or both. 18	form whenever you for property by fraud in U.S.C. §§ 152, 1341,	n connection with a ban	es or amende akruptcy case	d schedules. Making a	false state to \$250,00	ement, concealing prope 0, or imprisonment for u	rty, or p to 20
Did you pay	or agree to pay some	eone who is NOT an atto	rney to help	you fill out bankruptcy	forms?		
■ No							
☐ Yes. Na	ame of person					kruptcy Petition Preparer's , and Signature (Official Fo	
	y of perjury, I declare true and correct.	that I have read the sun	nmary and so	chedules filed with this	declaratio	on and	
X /s/ Mich	ael Carl Ellis		Х				
	Carl Ellis of Debtor 1			Signature of Debtor 2			
Date <u>Ja</u>	anuary 9, 2020			Date			

Fill	in this inform	nation to identify you	r case.								
	otor 1										
Dei	JIOI I	Michael Carl Elli First Name	Middle Name	Last Name							
1 -	otor 2 ouse if, filing)	First Name	Middle Name	Last Name							
		nkruptcy Court for the:	MIDDLE DISTRICT OF N	IORTH CAROLINA							
		, ,									
	se number				_	check if this is an mended filing					
	ficial Fo										
				duals Filing for B		4/19					
info	rmation. If m		attach a separate sheet to		equally responsible for sup						
Par	t 1: Give D	Details About Your Ma	rital Status and Where You	Lived Before							
1.	What is you	r current marital statu	ıs?								
	■ Married□ Not mai										
2.	During the la	ring the last 3 years, have you lived anywhere other than where you live now?									
	■ No										
	_	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	' .						
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there					
3. state					ity property state or territory co, Texas, Washington and W						
	■ No	aka sura yau fill out Sal	nedule H: Your Codebtors (O	fficial Form 106H)							
	Tes. IVId	ake sure you iiii out <i>Sci</i>	leddie II. Todi Codebiois (O	maar romi room.							
Par	t 2 Explai	in the Sources of You	r Income								
4.	Fill in the tota	al amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?					
	□ No										
	Yes. Fil	I in the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips						
			Operating a business		☐ Operating a business						

Official Form 107

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De	DIOL INI	cnaei Cari	EIIIS			Cas	se number (if known)		
				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(be	oss income fore deductions and lusions)	Sources of inc		Gross income (before deductions and exclusions)
	r last calen inuary 1 to	dar year: December 3	31, 2019)	☐ Wages, commiss bonuses, tips	ions,	\$37,458.87	☐ Wages, combonuses, tips	missions,	
				Operating a busing	ness		☐ Operating a	business	
		dar year bef December 3		☐ Wages, commiss bonuses, tips	ions,	\$61,764.00	☐ Wages, combonuses, tips	ımissions,	
				Operating a busin	ness		☐ Operating a	business	
	List each	•	ne gross inco	e and you have incom	·		•		
	00.		idilo.						
				Debtor 1 Sources of income Describe below.	eac (be	ess income from th source fore deductions and lusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	ments You	Made Before You Fil	ed for Bankr	uptcy			
6.	□ No.	Neither De individual puring the No. Yes	btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cr not include o adjustment	personal, family, or hore you filed for bankru each creditor to whom editor. Do not include payments to an attorn on 4/01/22 and every	y consumer dousehold purp ptcy, did you p you paid a tot payments for dey for this bar 3 years after	lebts. Consumer deb lose." pay any creditor a total al of \$6,825* or more domestic support oblinkruptcy case. that for cases filed or	al of \$6,825* or mo in one or more pay gations, such as ch	re? /ments and nild support	and alimony. Also, do
	■ Yes.			r both have primarily re you filed for bankru			al of \$600 or more?	,	
		No.	Go to line 7						
		□ Yes	include pay	each creditor to whom ments for domestic su this bankruptcy case.					at creditor. Do not include payments to an
	Creditor'	s Name and	Address	Dates of	payment	Total amount	Amount you still owe	Was this	payment for
						paid	2till Owe		

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Case number (if known)

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; cor of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.						al partner; corporations agent, including one for	
	■ No□ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment	
3.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi		nents or transfer a	ny property on	account of a d	ebt that benefited an	
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name	
Par	rt 4: Identify Legal Actions, Repossession	s. and Foreclosures					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of th	Status of the case	
	In the matter of foreclosure of a Deed of Trust from Michael Ellis and Angela Ellis 106 E. Margaret Lane 19-SP-256 Hillsborough, NC 27278		■ Pending□ On appeal□ Concluded				
			- ,		Foreclosure Sale Scheduled for: Jan 15, 2020		
10.	Within 1 year before you filed for bankruptc Check all that apply and fill in the details below		rty repossessed, fo	oreclosed, garn	ished, attached	d, seized, or levied?	
	■ No. Go to line 11. □ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property			е	Value of the	
		Explain what happened				property	
 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. 						amounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Dat take	e action was	Amount	
12.	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar ■ No □ Yes		rty in the possessi			efit of creditors, a	

Debtor 1 Michael Carl Ellis

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Deb	otor 1	Michael Carl Ellis	Case number	(if known)	
Par	t 5:	List Certain Gifts and Contributions			
	Within		ptcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts	s with a total value of more than \$600 person	Describe the gifts	Dates you gave the gifts	Value
	Perse Addr	on to Whom You Gave the Gift and ress:			
14.	I N	n 2 years before you filed for bankru No Yes. Fill in the details for each gift or co	ptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts more Char	s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Par	t 6:	List Certain Losses			
15.	or gar	mbling? No Yes. Fill in the details.	tcy or since you filed for bankruptcy, did you lose any		
		the loss occurred	Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers			
16.	Includ	ulted about seeking bankruptcy or pr	tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? reparers, or credit counseling agencies for services required	, , ,	erty to anyone you
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	6616 Rale	Offices of John T. Orcutt 6-203 Six Forks Road eigh, NC 27615 w.billsbills.com	Filing Fee: \$310.00 Credit Report Cost: \$10.00 Judgment Search Cost: \$10.00 PACER Fee: \$10.00	12/19/2019	\$340.00
	Benl	CAF Goliad Street brook, TX 76126-2009 w.bkcert.com	Credit Counseling: \$15.00	12/19/2019	\$15.00

Debtor 1 Michael Carl Ellis

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.								
	☐ Yes. Fill in the details.								
	Person Who Was Paid Address	Description and va transferred	llue of any prop	erty	Date payment or transfer was made	Amount of payment			
40	With in O and before your file if for head was for		-41	- 6		41			
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.								
	Yes. Fill in the details.								
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			any property or received or debts change	Date transfer was made			
	r craon a relationally to you								
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote ■ No □ Yes. Fill in the details.		property to a s	elf-settled tro	ust or similar device o	of which you are a			
	rame of trust	Description and ve	nuc or the prop	city transfer	cu	Date Transfer was made			
Par	List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Sto	rage Units					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details.								
		ast 4 digits of account number	Type of accour instrument	clo mo	te account was osed, sold, oved, or onsferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 yea	ar before you filed for I	oankruptcy, any	safe deposi	t box or other deposit	tory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)		contents	Do you still have it?			
22.	Have you stored property in a storage unit or	place other than your l	nome within 1 y	ear before yo	ou filed for bankruptc	y?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hat to it? Address (Number, Str State and ZIP Code)		Describe the	contents	Do you still have it?			

Debtor 1 Michael Carl Ellis Case number (if known)

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prop	erty y	ou borrowed from, are storing for,	or hold in trust				
■ No									
	Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value				
Pai	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, grou	_	•					
_	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		al law,	whether you now own, operate, o	r utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		us wa	ste, hazardous substance, toxic s	ubstance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wh	en the	ey occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liab	le und	der or in violation of an environme	ntal law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it								
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case				
Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have	any of	the following connections to any	business?				
	■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	☐ An owner of at least 5% of the voting of	r aquity socurities of a corporatio	n						

Official Form 107

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Case number (if known)

	☐ No. None of the above applies. Go to	Part 12	
	_	Il in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
	d/b/a Michael C. Ellis 1822 Adams Place Hillsborough, NC 27278	Automotive mechanic; Consulting and diagnostics Moser & Assoc.	EIN: From-To 2007 - Present
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	etcy, did you give a financial statement to ar	nyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
I havare to with 18 U	true and correct. I understand that making a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Michael Carl Ellis		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	chael Carl Ellis nature of Debtor 1	Signature of Debtor 2	
Dat	e January 9, 2020	Date	
Did ■ N	No	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
	No	ot an attorney to help you fill out bankruptcy	

Debtor 1 Michael Carl Ellis

Fill in this information to identify your case:				
Debtor 1	Michael Carl Ellis			
Debtor 2 (Spouse, if filing)				
United States B	ankruptcy Court for the:	Middle District of North Carolina		
Case number (if known)				

Check as directed in lines 17 and 21:			
	According to the calculations required by this Statement:		
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).		
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).		
	3. The commitment period is 3 years.		
	4. The commitment period is 5 years.		

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Colum Debto non-fi	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions (before all	\$	\$	2,543.43
Alimony and maintenance payments. Do not inclu Column B is filled in.	de payments from a spouse if	\$	\$	0.00
of you or your dependents, including child support or your houself and roommates. Do not include payments from a spayou listed on line 3. Net income from operating a business, profession, or farm	old, your dependents, parents,	\$250.00	\$	0.00
•	6,681.80			
dinary and necessary operating expenses	2,007.32			
et monthly income from a business, ofession, or farm	Copy 4,674.48 here ->	\$ 4,674.48	\$	0.00
Net income from rental and other real property	Debtor 1			
oss receipts (before all deductions)	\$0.00			
rdinary and necessary operating expenses	-\$0.00			
Net monthly income from rental or other real propert	v \$ 0.00 Copy here ->	\$ 0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

			Column A		Column E	3	
			Debtor 1		Debtor 2	or	
7.	Interest, dividends, and royalties		\$	0.00	\$	0.00	
8.	Unemployment compensation		\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here:	t undei	r				
	For you \$ 0.0	0					
	For your spouse \$ 0.0	0					
9.	Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act. Also, except as stated in the next senten not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury disability, or death of a member of the uniformed services. If you received any pay paid under chapter 61 of title 10, then include that pay only to the extent the does not exceed the amount of retired pay to which you would otherwise be enif retired under any provision of title 10 other than chapter 61 of that title.	ce, do		0.00	\$_	0.00	
10.	Income from all other sources not listed above. Specify the source and am Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international domestic terrorism; or compensation, pension, pay, annuity, or allowance paid United States Government in connection with a disability, combat-related injury disability, or death of a member of the uniformed services. If necessary, list oth sources on a separate page and put the total below.	or by the / or	\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	4,924.48	+ \$	2,543.43	= \$_	7,467.91
Part	2: Determine How to Measure Your Deductions from Income						otal average conthly income
Part 12.	Converse total average monthly income from line 44						
12.	2: Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					m	onthly income
12.	Copy your total average monthly income from line 11.					m	onthly income
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					m	onthly income
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below.					m	onthly income
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's	regula suppo	arly paid for ort of someon	the hous	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page.	regula suppo	arly paid for ort of someon	the hous	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below.	regula suppo me de	arly paid for ort of someon voted to eac	the hous ne other t ch purpos	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page.	regula suppo me de \$	arly paid for ort of someon	the hous ne other t ch purpos	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses	regula suppo me de	arly paid for ort of someon voted to each	the hous ne other t ch purpos	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses	regula suppo me de \$ \$	arly paid for ort of someon voted to each	the hous ne other the purposes 35	ehold expense than you or yo	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses Non Filing Spouse Sch J Expenses	regula suppo me de \$ \$ \$	arly paid for ort of someon voted to each 1,132.3	the hous ne other the purposes 35	ehold expense than you or yo se. If necessar	\$es of you our depend	7,467.91 or your lents.
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses Non Filing Spouse Sch J Expenses Total Your current monthly income. Subtract line 13 from line 12.	regula suppo me de \$ \$ \$	arly paid for ort of someon voted to each 1,132.3	the hous ne other the purposes 35	ehold expense than you or yo se. If necessar	ses of you cour dependery, list add	7,467.91 or your lents. itional 1,964.68 5,503.23
12. 13.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses Non Filing Spouse Sch J Expenses Total Your current monthly income. Subtract line 13 from line 12. Calculate your current monthly income for the year. Follow these steps:	regula suppo me de \$ \$ \$	arly paid for out of someon voted to each 1,132.3	the hous ne other in th purpose 35 33 68	ehold expense than you or yo se. If necessar Copy here=>	ses of you cour dependery, list add	7,467.91 or your lents. Itional
12. 13.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page. If this adjustment does not apply, enter 0 below. Non Filing Spouse Sch I Expenses Non Filing Spouse Sch J Expenses Total Your current monthly income. Subtract line 13 from line 12.	regula suppo me de \$ \$ \$	arly paid for out of someon voted to each 1,132.3	the hous ne other in th purpose 35 33 68	ehold expense than you or yo se. If necessar Copy here=>	ssssssss	7,467.91 or your lents. itional 1,964.68 5,503.23

Michael Carl Ellis

Debtor 1

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Debtor 1	Michael Carl Ellis	Case number (if known)	
	-		

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Michael Carl Ellis Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: NC 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 3 67.931.00 16c. Fill in the median family income for your state and size of household. \$ To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 7.467.91 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 7,467.91 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 7,467.91 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 89,614.92 20b. The result is your current monthly income for the year for this part of the form \$ 67,931.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Michael Carl Ellis **Michael Carl Ellis** Signature of Debtor 1 Date January 9, 2020 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina

In re	Michael Carl Ellis	Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTORN	NEY FOR DE	BTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney compensation paid to me within one year before the filing of the petition in bankruptcy, or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy.	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept	\$	4,500.00
	Prior to the filing of this statement I have received	\$	0.00
	Balance Due		4,500.00
2.	\$310.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person un	less they are memb	pers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the co		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of	of the bankruptcy ca	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determinent. b. Preparation and filing of any petition, schedules, statement of affairs and plan which much consider the debtor at the meeting of creditors and confirmation hearing, and described in the provisions as needed. i. Exemption planning, Means Test planning, and other items if specifically or required by Bankruptcy Court local rule. May include fee paid to o meeting. 	nay be required; any adjourned hear cally included in	rings thereof; attorney/client fee contract
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following some Representation of the debtors in any dischargeability actions, relief to proceeding, and any other items excluded in attorney/client fee contrule.	from stay action	

Fee also collected, where applicable, include such things as: Pacer access: \$10 per case, Credit Reports: \$10 each, Judgment Search: \$10 each, Credit Counseling Certification: Usually \$15 per client, Financial Management Class Certification: Usually \$15 per client, Use of computers for Credit Counseling briefing or Financial Management Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per

session.

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In re	Michael Carl Ellis	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)				
CERTIFICATION				
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in his bankruptcy proceeding.				
/s/ Koury L. Hicks Koury L. Hicks 36204 Signature of Attorney The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 (919) 847-9750 Fax: (919) 847-3439 postlegal@johnorcutt.com Name of law firm				

United States Bankruptcy Court Middle District of North Carolina

In re	Michael Carl Ellis	2.1	Case No. Chapter	
		Debtor(s)		13
	VERIFICATION OF CREDITOR MATRIX			
abo	ove-named Debtor hereby verifies	s that the attached list of creditors is true and c	correct to the best	of his/her knowledge.
ate:	January 9, 2020	/s/ Michael Carl Ellis		
		Michael Carl Ellis		

Signature of Debtor

.IMPORTANT NOTICE: See notice re: creditor claims set forth on Schedule A

BSI Financial Services ATTN: Officer Post Office Box 517 Titusville, PA 16354

Bull City Financial Solutions** 1107 W Main Street Ste 201 Suite 201 Durham, NC 27701

Duke Medicine 5213 South Alston Avenue Durham, NC 27713

Duke Medicine 5213 South Alston Avenue Durham, NC 27713

Fast Auto Loans, Inc. 3154 Halifax Rd South Boston, VA 24592

Fast Auto Loans, Inc. 605 Old Piney Forest Rd #A Danville, VA 24540

Internal Revenue Service (MD) Post Office Box 7346 Philadelphia, PA 19101-7346

John W. Fletcher, III, Substitute Truste c/o Henderson, Nystrom, Fletcher & Tydings PLLC 831 East Morehead Street, Ste 255 Charlotte, NC 28202

Kross, Lieberman and Stone, Inc **
P.O. Box 565
Morrisville, NC 27560-0565

Law Offices of John T. Orcutt 6616-203 Six Forks Road Raleigh, NC 27615

Nationstar Mortgage***
Attn: Officer/Bankruptcy
Post Office Box 619094
Dallas, TX 75261-9741

NC Child Support Enforcement (**) Bankruptcy Reporting Contact Post Office Box 20800 Raleigh, NC 27619-0800

NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629

NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629

North Carolina Dept. of Revenue Post Office Box 1168 Raleigh, NC 27602-1168

North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168

Optimum Outcomes Inc ** P.O. Box 58015 Raleigh, NC 27658

Orange County Tax Collections** PO Box 8181 Hillsborough, NC 27278

Orange County Tax Collections** PO Box 8181 Hillsborough, NC 27278

Professional Recovery Consultants * 2700 Meridian Parkway Suite 200 Durham, NC 27713-2204

Sears
Post Office Box 6282
Sioux Falls, SD 57117-6282

The Honorable Loretta Lynch U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001

Zoll 121 Gamma Drive Pittsburgh, PA 15238